

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 1089

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)

PAID BY

ENCL #18  
SAPC 22506  
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				10,923	21

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$10,923.21

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences \_\_\_\_\_

Date 12/6/57 \*Payee

(Note not required when a like certificate is made by payee on attached bill or bills)

Per \_\_\_\_\_ Title \_\_\_\_\_

Amount verified; correct for

(Signature or initials)

Contract No. A101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

†

(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in full in the space provided. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

Public Voucher for Purchases and  
Services Other Than Personal  
Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010044-7

MEMORANDUM

## CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1089  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 11/18/57 thru 11/24/57					
		STATINTL					
		Research & Development					
					Production		
							Total
		Labor for Week Ending November 24, 1957					
		Overhead computed for Communications Division at interim rates as follows:					
		Research & Development - [REDACTED] STATINTL					
		Production - [REDACTED] STATINTL					
		Other Costs - Per schedule attached (249.45) ✓ JV 107728 1.08 ✓					
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$	10,923.21 ✓
		STATINTL					

Sheet #1

PAYEE NAME

TICKET

BATCH INVOICE CHECK  
NO DATE CR MEMO NO

OR  
VENDOR NO CODE

TR COST  
CNIR

DATE 11/24/57  
SO W Q MJO ACCT

DISTR AMT

99 11 22 7 DM-6826 3406 58 254000 12501 5042 68 3.20- 3.20-\*

3.20-\*

3.20-\*

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Continued

6  
5  
4  
3  
2

Sheet #2

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TICKET		PAYEE NAME		OR		TR		COST		DATE 11/24/57		SQ		W O		DISTR AMT	
BATCH	INVOICE	CHECK	NO	VENDOR	NO	CODE	ACCT	CNTR	MJO	5092	04	1	410.00-	410.00--*	410.00--*	139.50	2.79-
17 11 18 7	16292	676	55	252520	12501	5092	04	1	410.00-	410.00--*	410.00--*	139.50	2.79-	136.71 *	136.71 *	273.29--**	
27 11 19 7	45297	11227	792	50	252520	12501	5092	06	1	139.50							
27 11 19 7	45297	11227	792	51	252520	12501	5092	06	1	2.79-							

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Continued

Sheet #3

TICKET PAYEE NAME

BATCH INVOICE CHECK OR TR COST DATE 11/24/57  
 NO DATE CR MEMO NO VENDOR NO CODE CNTR ACCT MJO SO W O DISTR AMT

31 11 20 7 8355 11287 150 50 254000 12501 5077 16 4 27.04  
 \* 27.04 \*  
 27.04 \*  
 27.04 \*\*

Sheet #1  
 1 3.20  
 2 273.29  
 Total 276.49